

SERFF Tracking Number: NYLX-125486940 State: Arkansas
Filing Company: New York Life Insurance Company State Tracking Number: 38182
Company Tracking Number: LTCAR0022301A01
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: CP Adv Natl Cons - Prod Spec
Project Name/Number: CP Adv Natl Cons - Prod Spec/LTCAR0022301A01

Filing at a Glance

Company: New York Life Insurance Company
Product Name: CP Adv Natl Cons - Prod Spec SERFF Tr Num: NYLX-125486940 State: ArkansasLH
TOI: LTC03I Individual Long Term Care SERFF Status: Closed State Tr Num: 38182
Sub-TOI: LTC03I.001 Qualified Co Tr Num: LTCAR0022301A01 State Status: Filed-Closed
Filing Type: Advertisement Co Status: Reviewer(s): Harris Shearer
Author: SPI NewYorkLifeInsCoLTC Disposition Date: 07/17/2008
Date Submitted: 02/14/2008 Disposition Status: Filed-Closed
Implementation Date Requested: 03/14/2008 Implementation Date:
State Filing Description:

General Information

Project Name: CP Adv Natl Cons - Prod Spec Status of Filing in Domicile:
Project Number: LTCAR0022301A01 Date Approved in Domicile:
Requested Filing Mode: File & Use Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Group Market Size:
Overall Rate Impact: Group Market Type:
Filing Status Changed: 07/17/2008
State Status Changed: 07/17/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
February 11, 2008

Mr. John Shields
Officer in Charge of Health Compliance
Life and Health Division
Arkansas Department of Insurance
1200 West Third St.
Little Rock, AR 72201-1904

SERFF Tracking Number: NYLX-125486940 *State:* Arkansas
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Product Name: CP Adv Natl Cons - Prod Spec
Project Name/Number: CP Adv Natl Cons - Prod Spec/LTCAR0022301A01

Re: New York Life Insurance Company
NAIC # 826-66915; FEIN # 13-5582869
Long-Term Care Advertising Form Number: 359461CV

Dear Mr. Shields,

The above-captioned form is being submitted for your approval. This form is new and does not replace any previously approved form.

We consider this advertisement an invitation to inquire about long-term care insurance. The form is a post card that will be used by agents as publicity available to prospects, clients and the general public.

Certain information is bracketed as variable, such as Client Name, Address line 1, Address line 2, City, State Zip, Agent Name and Agent phone number.

We want to have the right to use this piece in other media as images of these pages including New York Life Insurance Company websites, New York Life agents' websites, or other websites advertising New York Life Insurance Company's long-term care insurance policies, such as a sponsoring organization (employer or association) website.

To the best of our knowledge and belief, this filing is complete and is intended to comply with the insurance laws and regulations of your jurisdiction.

Should you have any questions or need additional information, please do not hesitate to contact me at 1-800-723-5555, ext. 5584. Thank you for your assistance.

Sincerely,

Susan Byrnes
Sr. Contract and Compliance Associate

Attachment(s)

SERFF Tracking Number: NYLX-125486940 State: Arkansas
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Company and Contact

Filing Contact Information

Susan Byrnes, Sr. Contracts & Compliance sbyrnes@newyorklifeltc.com
Associate
6200 Bridge Point Parkway Suite 400 (512) 703-5555 [Phone]
Austin, TX 78730-5006 (512) 703-5564[FAX]

Filing Company Information

New York Life Insurance Company CoCode: 66915 State of Domicile: New York
6200 Bridge Point Parkway Suite 400 Group Code: 826 Company Type:
Austin, TX 78730 Group Name: State ID Number:
(512) 703-5555 ext. [Phone] FEIN Number: 13-5582869

Filing Fees

Fee Required? Yes
Fee Amount: \$25.00
Retaliatory? No
Fee Explanation:
Per Company: No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
5990379913	\$25.00	02/08/2008

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Rosalind Minor (FM)	07/17/2008	07/17/2008

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Disposition

Disposition Date: 07/17/2008

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	AR Cvr Ltr (02-11-08), AR NAIC Trans , AR Fee Schedule (02-11-08)	Filed-Closed	Yes
Form	Post Cards	Filed-Closed	Yes

SERFF Tracking Number: NYLX-125486940 State: Arkansas
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Form Schedule

Lead Form Number:

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed-Closed	359461CV	Advertising	Post Cards	Initial		0	359461CV.PDF



New York Life Insurance Company

Planning to live means making a plan.

There's a lot to look forward to, and you want to be sure the income and assets you are counting on for your retirement will be there. Call today to find out how New York Life's long-term care insurance can help protect what you have spent a lifetime building.

[Agent Name]

Agent

Telephone Number:

[Agent phone number]

359461CV

F.P.O.
Postal
indicia

[Client Name]

[Address line 1]

[Address line 2]

[City, State Zip]

The Company You Keep®

The purpose of this brochure is solicitation of insurance. An insurance producer may contact you. Long-term care insurance is issued on policy form series ILTC-5000 and INH-5000 with a state identifier and edition date. Example: ILTC-5000 (ID) (1001) and INH-5000 (ID) (1001) for Idaho, ILTC-5000 (NC) (1001) (Rev. 0606) and INH-5000 (NC) (1001) (Rev. 0606) for North Carolina. ILTC-5000 (PA) (1001) for Pennsylvania, ILTC-5000 (TN) (1001) and INH-5000 (TN) (1001) for Tennessee. © 2006 New York Life Insurance Company. All rights reserved.



HERE'S TO
a long life

LONG-TERM CARE INSURANCE
FROM NEW YORK LIFE



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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: AR Cvr Ltr (02-11-08), AR NAIC
Trans , AR Fee Schedule (02-11-
08)

Review Status:

Filed-Closed

07/17/2008

Comments:

Attachments:

AR Cvr Ltr (02-11-08).PDF

AR NAIC Trans .PDF

AR Fee Schedule (02-11-08).PDF



New York Life Insurance Company

Long-Term Care Division

6200 Bridge Point Parkway, Suite 400

Austin, Texas 78730-5006

Bus: 800--723-5555 x 5584

Fax: 512-703-5564

E-mail: sbyrnes@newyorklifeltc.com

www.newyorklifeltc.com

Susan Byrnes

Senior Contracts and Compliance Associate

February 11, 2008

Mr. John Shields
Officer in Charge of Health Compliance
Life and Health Division
Arkansas Department of Insurance
1200 West Third St.
Little Rock, AR 72201-1904

Re: New York Life Insurance Company
NAIC # 826-66915; FEIN # 13-5582869
Long-Term Care Advertising Form Number: 359461CV

Dear Mr. Shields,

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We want to have the right to use this piece in other media as images of these pages including New York Life Insurance Company websites, New York Life agents' websites, or other websites advertising New York Life Insurance Company's long-term care insurance policies, such as a sponsoring organization (employer or association) website.

To the best of our knowledge and belief, this filing is complete and is intended to comply with the insurance laws and regulations of your jurisdiction.

Should you have any questions or need additional information, please do not hesitate to contact me at 1-800-723-5555, ext. 5584. Thank you for your assistance.

Sincerely,

Susan Byrnes
Sr. Contract and Compliance Associate

Attachment(s)

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas					
2.	Department Use Only						
	State Tracking ID	N/A					
3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	New York Life Insurance Company 6200 Bridge Point Parkway Suite 400 Austin, Texas 78730-5006	New York	N/A		826-66915	13-5582869	
4.	Contact Name & Address	Telephone #	Fax #	E-mail Address			
	Susan Byrnes New York Life Insurance Company 6200 Bridge Point Parkway Austin, Texas 78730-5006	1-800-723-5555 x 5584	512-703-5575	sbyrnes@newyorklifeltc.com			
5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____					
6.	Company Tracking Number	359461CV					
7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____					
8.	Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise Group <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____					
9.	Type of Insurance	LTC 03I Individual Long-Term Care					
10.	Product Coding Matrix Filing Code	<u>LTC03L001 Qualified</u>					
11.	Submitted Documents	<input type="checkbox"/> <u>FORMS</u> <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input checked="" type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other <u>Rates</u> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ <u>SUPPORTING DOCUMENTATION</u> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____					

12.	Filing Submission Date	February 11, 2008	
13.	Filing Fee (If required)	Amount	\$25.00
		Retaliatory	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Check Date	_____
		Check Number	_____
14.	Date of Domiciliary Approval	N/A	

15.	Filing Description:
	<p>Re: New York Life Insurance Company NAIC # 826-66915; FEIN # 13-5582869 Long-Term Care Advertising Form Number: 359461CV</p> <p>Dear Mr. Shields,</p> <p>The above-captioned form is being submitted for your approval. This form is new and does not replace any previously approved form.</p> <p>We consider this advertisement an invitation to inquire about long-term care insurance. The form is a post card that will be used by agents as publicity available to prospects, clients and the general public.</p> <p>Certain information is bracketed as variable, such as Client Name, Address line 1, Address line 2, City, State Zip, Agent Name and Agent phone number.</p> <p>We want to have the right to use this piece in other media as images of these pages including New York Life Insurance Company websites, New York Life agents' websites, or other websites advertising New York Life Insurance Company's long-term care insurance policies, such as a sponsoring organization (employer or association) website.</p> <p>To the best of our knowledge and belief, this filing is complete and is intended to comply with the insurance laws and regulations of your jurisdiction.</p> <p>Should you have any questions or need additional information, please do not hesitate to contact me at 1-800-723-5555, ext. 5584. Thank you for your assistance.</p> <p>Sincerely,</p> <p> Susan Byrnes Sr. Contract and Compliance Associate</p>

16.	Certification (If required)
	<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and complies with all applicable statutory provisions for the state of <u>Arkansas</u>.</p> <p>Print Name <u>Michael Francescone</u> Title <u>VP & Actuary</u></p> <p>Original Signature  Date <u>February 11, 2008</u></p>

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		N/A
This filing corresponds to rate filing company tracking number		N/A

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Post Card Advertising	359461CV	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A N/A
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
11			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
12			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH-FFA-1

13			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
14			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A N/A
15			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A N/A
16			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A N/A
17			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A N/A
18			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A N/A
19			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A N/A
20			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A N/A
21			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A N/A
22			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A N/A
23			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A N N/A N/A /A
24			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A N/A
25			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A N/A
26			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A N/A

LH-FFA-2

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number		N/A		
This filing corresponds to form filing company tracking number		N/A		
Overall percentage rate indication (when applicable)		N/A		
Overall percentage rate impact for this filing		%		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	N/A
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	

LH RFA-1



ARKANSAS INSURANCE DEPARTMENT

Mike Pickens
Commissioner

1200 West Third Street
Little Rock, AR 77201-1904
1-501-371-2600
1-800-282-9134
Fax 1-501-371-2618

ATTN: LIFE & HEALTH DIVISION, ARKANSAS INSURANCE DEPARTMENT

Company Name: New York Life Insurance Company

Company NAIC Code: 66915

Company Contact Person & Telephone # Marryjo Ortiz, 1-800-723-5555, ext. 5532

INSURANCE DEPARTMENT USE ONLY

ANALYST: AMOUNT: ROUTE SLIP:

ALL FEES ARE PER EACH INSURER, PER ANNUAL STATEMENT LINE OF BUSINESS, UNLESS OTHERWISE INDICATED.

FEE SCHEDULE FOR ADMITTED INSURERS

RATE/FORM FILINGS

Life and /or Disability policy form filing and review, per each policy, contract, annuity form, per each insurer, per each filing. * x\$ 50= **Retaliatory

Life and/or Disability - Filing and review of each rate filing or loss ratio guarantee filing per each insurer. * x\$ 50= **Retaliatory

Life and/or Disability Policy, Contract or Annuity Forms: Filing and review of each certificate, rider, endorsement or application if each is filed separately from the basic form. * x\$ 20= **Retaliatory

Life and/or Disability: Filing and review of Insurer's advertisements, per advertisement, per each insurer. * 1 x\$ 25=\$25.00 **Retaliatory

AMEND CERTIFICATE OF AUTHORITY

Review and processing of information to amend an Insurer's Certificate of Authority. * x\$400=

Filing to amend Certificate of Authority. ** x\$100=

- * THESE FEES ARE PAYABLE UNDER THE NEW FEE SCHEDULE AS AOUTLINED UNDER RULE AND REGULATION 57.
** THESE FEES ARE PAYABLE UNDER THE OLD FEE SCHEDULE AS OUTLINED UNDER ARK. CODE ANN. 23-65-102, RETALIATORY TAX.
*** THESE FEES ARE PAYABLE AS REQUIRED IN ARK. CODE ANN §23-61-401